



## Electronic Services Verification (ESV)

*“Working to protect, preserve, and promote the health and safety of the people of Michigan by listening, communicating, and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establish customer trust and value by providing a quality experience the first time, every time.”*

*-Provider Relations*

# Electronic Services Verification Instructions

- Accessing CHAMPS
- Entering Daily Tasks
- If Client is Not in the Home
- If You Service More than One Client

**Step 1:** Sign into the State of Michigan Single Sign On by going to **<http://sso.state.mi.us>** and entering your User ID and Password. This will take you to the Single Sign On Application Portal.

Google - Windows Internet Explorer

https://sso.state.mi.us/

State of Michigan Single Sign On

INTERN

Please Login or Sign-Up to use Single Sign-On

**Login**

User ID:

Password:

Login

Forgot Password?

If you have forgotten your password, click Need Password. Single Sign-On system will email you a new temporary password.

Need Password

Michigan.gov Home | Hel

**Step 2:** Below is the display of the Application Portal.

Click on the **CHAMPS** hyperlink.

Read the MDCH Systems Use Notification on the next page and click **Acknowledge/Agree**.

**\*\*\*NOTE:** You will have to do this every time you access CHAMPS.

State of Michigan Single Sign On

Application Portal

WELCOME Jane Doe,

Your password will expire in 121 days.

You are currently subscribed to the following applications:

- [CHAMPS](#)

[Subscribe to Applications](#)

[Account Maintenance](#)

[Add new Roles to Existing Subscription](#)

[Sign Off](#)

State of Michigan Single Sign On

User ID: doe1111

[Sign Off](#)

MDCH Systems Use Notification

The Michigan Department of Community Health's (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.

Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.

Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.

All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

By accessing information provided by the Michigan Department of Community Health computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.


Acknowledge/Agree

Cancel

**Step 3:** In the **Domain** box, click on the black arrow in the right corner and click on **your name**.

In the **Select Profile** box, click on **Home Help Access**.

Click **Go**. This will take you to the CHAMPS home page.



Community Health Automated Medicaid Processing System

Select Domain \*


Select Domain

Jane Doe

Select Favorite

Go

A red arrow points to the dropdown arrow of the 'Select Domain' field.



Community Health Automated Medicaid Processing System

Jane Doe \*

Select Profile \*

Select Profile

Home Help Access

Go

A red arrow points to the 'Home Help Access' option in the 'Select Profile' dropdown menu.



Community Health Automated Medicaid Processing System

Jane Doe \*

Home Help Access \*

Select Favorite

Go

Go

A red arrow points from the 'Go' button on the right to the 'Go' button on the left.

**Step 4:** To file the Electronic Services Verification (ESV), click on the **Provider** tab.  
Choose **ESV Member List**.

The screenshot displays the CHAMPS web application interface. At the top left is the CHAMPS logo. Below it is a navigation bar with a 'My Inbox' tab and a 'Provider' tab. A red arrow points to the 'Provider' tab. A dropdown menu is open under the 'Provider' tab, showing several categories: 'PROVIDER ENROLLMENT' (with sub-items 'New Enrollment' and 'Track Application'), 'EXTERNAL LINKS' (with 'Medicaid Code and Rate Reference'), 'MANAGE PROVIDER' (with 'Manage Provider Information'), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with 'ESV List' and 'ESV Member List'). The 'ESV Member List' option is circled in red, and a red arrow points to it from the bottom left. The background shows the main interface with sections for 'My Reminders' (including a 'Filter By' dropdown and 'Alert Type' filter) and 'Notification'.

**Step 5:** The next page will display all the *current, authorized* members for whom you provide services. If you only have one member, only one name will be displayed.


The screenshot shows the CHAMPS web application interface. At the top, there's a navigation bar with 'CHAMPS' logo and tabs for 'My Inbox', 'Provider', and 'Claims'. Below this is a breadcrumb trail: 'MyInbox > ESV Member List'. A 'Provider ID:' search field is present, along with a 'Close' button. The main section is titled 'ESV Member List'. It includes filter controls with 'Filter By' dropdowns and input fields, and buttons for 'Save Filters' and 'My Filters'. A table displays member information with columns: Member ID, Member Name, End Date, and Operational Status. A red arrow points from the 'Member Name' column header to a dropdown menu that lists 'Member Name' three times. At the bottom, there are pagination controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.



Member ID	Member Name	End Date	Operational Status	
0000000088	Member Name	10/01/2004	12/31/2999	Active
0000000089	Member Name	10/01/2004	12/31/2999	Active
0000000120	Member Name	10/01/2004	12/31/2999	Active




**Step 6:** To fill out the ESV, click on the **name of the first member listed**. Each member name is a hyperlink that will display the Electronic Services Verification for that member *ONLY*.


Myinbox > ESV Member List







Provider ID:  Name:

 Close

 **ESV Member List** 

Filter By  And Filter By  And Operational Status   Go  Save Filters  My Filters

Member ID ▲▼	Member Name ▲▼	Start Date ▲▼	End Date ▲▼	Operational Status ▲▼
0000000088	<a href="#">Member Name</a> 	10/01/2004	12/31/2999	Active
0000000089	<a href="#">Member Name</a>	10/01/2004	12/31/2999	Active
0000000120	<a href="#">Member Name</a>	10/01/2004	12/31/2999	Active

View Page:   Page Count  SaveToXLS Viewing Page: 1  First  Prev  Next  Last

**Step 7:** The ESV log will *ONLY* show the services you are authorized to perform for the member selected, as shown below.  
For example, if you are only authorized for Meal Preparation, only Meal Preparation will be displayed.

Close

ESV INFORMATION

PROVIDER ID:Case Worker ID:Case Worker NAME:MEMBER ID:MEMBER NAME:

Nov 20, 2014

SaveEditCommentsMember Unavailable

Task Name	Task Description	Mark Complete	Comments
Bathing	Bathing 1 day per week	<input type="checkbox"/>	<div></div>
Eating or Feeding Assistance	Eating or Feeding Assistance 1 day per week	<input type="checkbox"/>	<div></div>
Shopping for Food/Meds	Shopping for Food/Meds 7 days per week	<input type="checkbox"/>	<div></div>
Meal Preparation	Meal Preparation 1 day per week	<input type="checkbox"/>	<div></div>
Catheters or Leg Bags	Catheters or Leg Bags 1 day per week	<input type="checkbox"/>	<div></div>
Colostomy Care	Colostomy Care 1 day per week	<input type="checkbox"/>	<div></div>
Bowel Program	Bowel Program 2 days per week	<input type="checkbox"/>	<div></div>
Suctioning	Suctioning 1 day per week	<input type="checkbox"/>	<div></div>
Specialized Skin Care	Specialized Skin Care 2 days per week	<input type="checkbox"/>	<div></div>
Range of Motion Exercises	Range of Motion Exercises 2 days per week	<input type="checkbox"/>	<div></div>
Dialysis	Dialysis 2 days per week	<input type="checkbox"/>	<div></div>
Wound Care	Wound Care 2 days per week	<input type="checkbox"/>	<div></div>

CALENDAR

<November 2014>

Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

ESV Information Saved

ESV Information Submitted

Please click "Submit" to submit events for the current pay cycle

Submit

**Step 8:** Notice the calendar on the right side of the page. Click on the date in which services were provided. Once the date is selected, a blue line will appear under the date and the ESV can be completed.

**\*\*\*NOTE:** Previous dates of service can be selected, but future dates cannot be selected.

Close

ESV INFORMATION

PROVIDER ID:

Case Worker ID:

MEMBER ID:

MEMBER NAME:

Nov 1, 2014

Save Edit Comments Member Unavailable

Task Name	Task Description	Mark Complete
Bathing	Bathing 1 day per week	<input type="checkbox"/>
Eating or Feeding Assistance	Eating or Feeding Assistance 1 day per week	<input type="checkbox"/>
Shopping for Food/Meds	Shopping for Food/Meds 7 days per week	<input type="checkbox"/>
Meal Preparation	Meal Preparation 1 day per week	<input type="checkbox"/>
Catheters or Leg Bags	Catheters or Leg Bags 1 day per week	<input type="checkbox"/>
Colostomy Care	Colostomy Care 1 day per week	<input type="checkbox"/>
Bowel Program	Bowel Program 2 days per week	<input type="checkbox"/>
Suctioning	Suctioning 1 day per week	<input type="checkbox"/>
Specialized Skin Care	Specialized Skin Care 2 days per week	<input type="checkbox"/>
Range of Motion Exercises	Range of Motion Exercises 2 days per week	<input type="checkbox"/>
Dialysis	Dialysis 2 days per week	<input type="checkbox"/>
Wound Care	Wound Care 2 days per week	<input type="checkbox"/>

November 2014

Thu	Fri	Sat	Sun
		1	2
6	7	8	9
10	11	12	13
14	15	16	17
18	19	20	21
22	23	24	25
26	27	28	29
30			

ESV Information Saved ESV Information Submitted

Please click "Submit" to submit events for the current pay cycle

Submit

**Step 9:** To choose the services provided on the selected date, click in the corresponding boxes shown under the **Mark Complete** column. Check marks will appear indicating you have selected those tasks.

Close

ESV INFORMATION

PROVIDER ID:MEMBER ID:Nov 1, 2014

Case Worker ID:MEMBER NAME:

SaveEditCommentsMember Unavailable

Task Name		Mark Complete	Comments
Bathing		<input checked="" type="checkbox"/>	<input type="text"/>
Eating or Feeding Assistance		<input checked="" type="checkbox"/>	<input type="text"/>
Shopping for Food/Meds	Shopping for Food/Meds 7 days per week	<input checked="" type="checkbox"/>	<input type="text"/>
Meal Preparation	Meal Preparation 1 day per week	<input type="checkbox"/>	<input type="text"/>
Catheters or Leg Bags	Catheters or Leg Bags 1 day per week	<input type="checkbox"/>	<input type="text"/>
Colostomy Care	Colostomy Care 1 day per week	<input type="checkbox"/>	<input type="text"/>
Bowel Program	Bowel Program 2 days per week	<input type="checkbox"/>	<input type="text"/>
Suctioning	Suctioning 1 day per week	<input type="checkbox"/>	<input type="text"/>
Specialized Skin Care	Specialized Skin Care 2 days per week	<input type="checkbox"/>	<input type="text"/>
Range of Motion Exercises	Range of Motion Exercises 2 days per week	<input type="checkbox"/>	<input type="text"/>
Dialysis	Dialysis 2 days per week	<input type="checkbox"/>	<input type="text"/>
Wound Care	Wound Care 2 days per week	<input type="checkbox"/>	<input type="text"/>

CALENDAR

<November 2014>

Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30


ESV Information SavedESV Information Submitted

Please click "Submit" to submit events for the current pay cycle

Submit

**Step 10:** ESV does allow you to include comments pertaining to both the day you are updating and the specific task.

To make a general comment for the *day*, Click on the **Comments** button. A text box will pop-up. Type your comment and click **Save**.

To make a comment about a *specific task*, click on the  icon under the **Comments** column. A text box will pop-up. Type your comment and click **Save**. You can do this for each individual task if necessary.

Close

ESV INFORMATION

PROVIDER ID:

Case Worker ID:

MEMBER ID:

MEMBER NAME:

Nov 1, 2014

Save Edit Comments Member Unavailable

Task Name	Task Description	Mark Complete	Comments
Bathing	Bathing 1 day per week	<input type="checkbox"/>	
Eating or Feeding Assistance	Eating or Feeding Assistance 1 day per week	<input type="checkbox"/>	
Shopping for Food/Meds	Shopping for Food/Meds 7 days per week	<input type="checkbox"/>	
Meal Preparation	Meal Preparation 1 day per week	<input type="checkbox"/>	
Catheters or Leg Bags	Catheters or Leg Bags 1 day per week	<input type="checkbox"/>	
Colostomy Care	Colostomy Care 1 day per week	<input type="checkbox"/>	
Bowel Program	Bowel Program 2 days per week	<input type="checkbox"/>	
Suctioning	Suctioning 1 day per week	<input type="checkbox"/>	
Specialized Skin Care	Specialized Skin Care 2 days per week	<input type="checkbox"/>	
Range of Motion Exercises	Range of Motion Exercises 2 days per week	<input type="checkbox"/>	
Dialysis	Dialysis 2 days per week	<input type="checkbox"/>	
Wound Care	Wound Care 2 days per week	<input type="checkbox"/>	

Comments

November 2014

Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

ESV Information Saved ESV Information Submitted

Please click "Submit" to submit events for the current pay cycle

Submit

**Step 11:** In the event the client is not in the home, you *must* indicate why the services cannot be rendered.

To do this, click on the **Member Unavailable** button underneath the date. In the **Client Status** drop down menu, choose the reason the client is unavailable and enter more information in the **Comment** box. Click **OK**.

\*\*\*NOTE: This does not replace current procedures. The adult services workers will still need to be notified within 10 business days if the client is admitted into the hospital, a nursing facility, or passes away.

The screenshot displays the MMIS software interface with three overlapping windows illustrating the process to mark a client as unavailable.

**Left Window (ESV INFORMATION):** Shows the 'Nov 1, 2014' date. A red arrow points to the 'Member Unavailable' button in the top navigation bar. Below the date, a list of tasks is visible, including 'Bathing', 'Eating or Feeding Assistance', 'Shopping for Food/Meds', 'Meal', 'Cath', 'Colo', 'Bowel Program', 'Suctioning', 'Specialized Skin Care', 'Range of Motion Exercises', 'Dialysis', and 'Wound Care'. A yellow box with a person icon and the text 'Member Unavailable' is overlaid on the task list.

**Middle Window (Update Status):** Shows the 'Client Status' dropdown menu. A red arrow points to the dropdown, which is currently set to 'None'. The dropdown list is open, showing options: 'None', 'Client Hospitalized', 'Client in a Facility (AFC/HANH)', 'Client moved out of State', 'Client incarcerated', 'Client died', and 'Other (comment required)'. A red arrow points to the 'Client Status' dropdown in the form below the menu.

**Right Window (Update Status):** Shows the 'Client Status' dropdown menu set to 'Client Hospitalized'. A red arrow points to the 'OK' button at the bottom right of the window.

**Far Right Window (CALENDAR):** Shows a calendar for November 2014. A red arrow points to the '1' (November 1st) in the calendar grid.

**Bottom Right Window (Submit):** Shows a 'Submit' button and a message: 'Please click "Submit" to submit events for the current pay cycle'.

## Step 12: Once tasks are marked, save your data. Click the **Save** button below the date.

\*\*\*NOTE: Clicking **Save** will allow you to edit your services for that date in the event you need to correct them. However, you **CANNOT** edit if you click the SUBMIT button under the calendar. Unless you are positive the services you entered are correct, it is advisable to wait to click **Submit** until the *end of the month*.

The screenshot displays the 'ESV INFORMATION' interface. At the top, there is a 'Close' button. Below it, the 'ESV INFORMATION' tab is active. The interface includes fields for 'PROMOTER ID', 'Case Worker ID', 'MEMBER ID', and 'MEMBER NAME'. A yellow box highlights the 'Save' button, which is located below the 'MEMBER ID' field. A red arrow points to the 'Save' button. To the right, there is a 'CALENDAR' section showing a calendar for November 2014. Below the calendar, there is a 'Submit' button, which is crossed out with a large black X. A red arrow points to the 'Submit' button. The interface also includes a table of tasks with columns for 'Task Name', 'Task Description', 'Mark Complete', and 'Comments'. The table lists various tasks such as 'Bathing', 'Eating or Feeding Assistance', 'Shopping for Food/Meds', 'Meal Preparation', 'Catheters or Leg Bags', 'Colostomy Care', 'Bowel Program', 'Suctioning', 'Specialized Skin Care', 'Range of Motion Exercises', 'Dialysis', and 'Wound Care'. Each task has a corresponding 'Mark Complete' checkbox and a 'Comments' field.

**ESV INFORMATION**

PROMOTER ID: Case Worker ID: Case Worker NAME:

MEMBER ID: MEMBER NAME:

**Save** **Edit** **Comments** **Member Unavailable**

Task Name	Task Description	Mark Complete	Comments
Bathing	Bathing 1 day per week	<input checked="" type="checkbox"/>	
Eating or Feeding Assistance	Eating or Feeding Assistance 1 day per week	<input checked="" type="checkbox"/>	
Shopping for Food/Meds	Shopping for Food/Meds 7 days per week	<input checked="" type="checkbox"/>	
Meal Preparation	Meal Preparation 1 day per week	<input type="checkbox"/>	
Catheters or Leg Bags	Catheters or Leg Bags 1 day per week	<input type="checkbox"/>	
Colostomy Care	Colostomy Care 1 day per week	<input type="checkbox"/>	
Bowel Program	Bowel Program 2 days per week	<input type="checkbox"/>	
Suctioning	Suctioning 1 day per week	<input type="checkbox"/>	
Specialized Skin Care	Specialized Skin Care 2 days per week	<input type="checkbox"/>	
Range of Motion Exercises	Range of Motion Exercises 2 days per week	<input type="checkbox"/>	
Dialysis	Dialysis 2 days per week	<input type="checkbox"/>	
Wound Care	Wound Care 2 days per week	<input type="checkbox"/>	

**CALENDAR**



November 2014



Mon	Tue	Wed	Thu	Fri	Sat	Sun
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

**Submit**



Please click "Submit" to submit events for the current pay cycle

**Step 13:** Once the services for the date have been **SAVED**, notice the change on the calendar: The date now has a blue circle around it. This indicates the data has been entered and saved, but *not* submitted. To save tasks for another date, click the date on the calendar and repeat **Steps 9-12**.


 **CALENDAR** 

 **November 2014** 


Mon	Tue	Wed	Thu	Fri	Sat	Sun
					<b>1</b>	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30


 ESV Information Saved  ESV Information Submitted

**Step 14:** Once all the tasks for the month have been completed and marked as **SAVED** (indicated by the **BLUE** circles), the calendar should look as follows:




CALENDAR





October 2014



Mon	Tue	Wed	Thu	Fri	Sat	Sun
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		


#

ESV Information Saved

#

ESV Information Submitted

Please click "Submit" to submit events for the current pay cycle

 Submit

**Step 15:** Prior to submitting the ESV make sure everything has been documented.

If you forgot to mark a task complete for a specific day, click that day on the calendar and click the **Edit** button.



MEMBER ID: 00000

Sep 17, 2014

Save Edit Comments Member Unavailable

Task Name	Task Description	Mark Complete	Comments
Bathing	Bathing 1 day per week	<input type="checkbox"/>	
Eating or Feeding Assistance	Eating or Feeding Assistance 1 day per week	<input checked="" type="checkbox"/>	
Shopping for Food/Meds	Shopping for Food/Meds 7 days per week	<input type="checkbox"/>	
Meal Preparation	Meal Preparation 1 day per week	<input type="checkbox"/>	
Catheters or Leg Bags	Catheters or Leg Bags 1 day per week	<input type="checkbox"/>	
Colostomy Care	Colostomy Care 1 day per week	<input type="checkbox"/>	
Bowel Program	Bowel Program 2 days per week	<input type="checkbox"/>	
Suctioning	Suctioning 1 day per week	<input type="checkbox"/>	
Specialized Skin Care	Specialized Skin Care 2 days per week	<input type="checkbox"/>	
Range of Motion Exercises	Range of Motion Exercises 2 days per week	<input type="checkbox"/>	
Dialysis	Dialysis 2 days per week	<input type="checkbox"/>	
Wound Care	Wound Care 2 days per week	<input type="checkbox"/>	

CALENDAR

September 2014

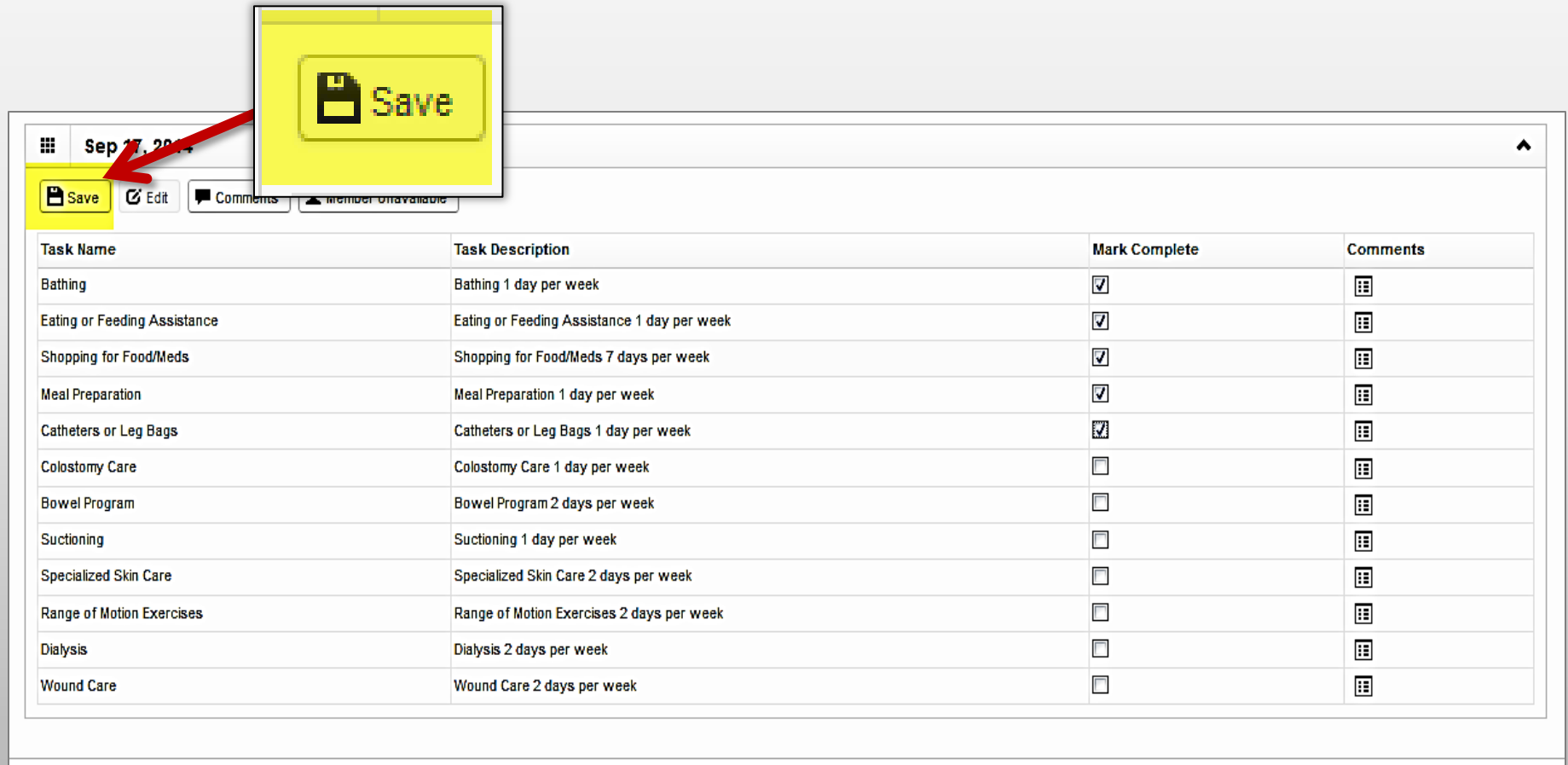
Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

# ESV Information Saved # ESV Information Submitted

Please click "Submit" to submit events for the current pay cycle

Submit

**Step 16:** Once **EDIT** has been activated, that specific date will be “*unlocked*” and you can make changes.  
Then again click **SAVE**.



**Save**

Sep 17, 2014

**Save** **Edit** **Comments** **Member Unavailable**

Task Name	Task Description	Mark Complete	Comments
Bathing	Bathing 1 day per week	<input checked="" type="checkbox"/>	
Eating or Feeding Assistance	Eating or Feeding Assistance 1 day per week	<input checked="" type="checkbox"/>	
Shopping for Food/Meds	Shopping for Food/Meds 7 days per week	<input checked="" type="checkbox"/>	
Meal Preparation	Meal Preparation 1 day per week	<input checked="" type="checkbox"/>	
Catheters or Leg Bags	Catheters or Leg Bags 1 day per week	<input checked="" type="checkbox"/>	
Colostomy Care	Colostomy Care 1 day per week	<input type="checkbox"/>	
Bowel Program	Bowel Program 2 days per week	<input type="checkbox"/>	
Suctioning	Suctioning 1 day per week	<input type="checkbox"/>	
Specialized Skin Care	Specialized Skin Care 2 days per week	<input type="checkbox"/>	
Range of Motion Exercises	Range of Motion Exercises 2 days per week	<input type="checkbox"/>	
Dialysis	Dialysis 2 days per week	<input type="checkbox"/>	
Wound Care	Wound Care 2 days per week	<input type="checkbox"/>	

**Step 17:** At the end of each month after all completed tasks have been saved, the Electronic Services Verification needs to be submitted. To submit the ESV, click **SUBMIT** under the Calendar.

**\*\*\*REMINDER:** Once an ESV is submitted it **CANNOT** be edited.

The screenshot displays a web interface for a calendar. At the top, there is a tab labeled 'CALENDAR' with a grid icon on the left and an upward arrow on the right. Below the tab, the calendar is for 'October 2014', with left and right navigation arrows. The days of the week are listed as headers: Mon, Tue, Wed, Thu, Fri, Sat, Sun. The dates are shown in a grid, with each date in a dark blue circle. A yellow box with a black border and a checkmark icon is overlaid on the date '15' (Wednesday), with the word 'Submit' in black text. A red arrow points from this box to a similar box at the bottom of the page. The bottom box contains the text 'Please click "Submit" to submit events for the current pay cycle' and a 'Submit' button with a checkmark icon. Below the calendar grid, there are two status indicators: a blue square with a hash symbol followed by 'ESV Information Saved' and a green square with a hash symbol followed by 'ESV Information Submitted'.

CALENDAR

October 2014

Mon	Tue	Wed	Thu	Fri	Sat	Sun
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

# ESV Information Saved # ESV Information Submitted

Please click "Submit" to submit events for the current pay cycle

Submit

**Step 18:** The next page shows the **Terms and Conditions**, as well as well as a daily summary of the submitted month.  
Click **Agree** to the Terms and Conditions.  
You cannot go any further without agreeing to the Terms and Conditions.

Terms And Conditions

Certification of Age: Provider certifies that he is 18 years of age or older.  
Provider Status: In seeking to place a provider listing on this site, you acknowledge and agree that you are acting as an independent service provider and have no relationship with Area Agency on Aging 1-B, its principals, affiliates, and/or its subsidiaries, whether based in common or contractual law, other than that as a provider of products or services. Area Agency on Aging 1-B does not engage in or promote advertising for any illegal activities of any kind. Provider agrees, guarantees and warrants that Provider will not place a provider listing on this site for the purpose of advertising, promoting or soliciting any illegal activities of any kind.

ESV Submission Selected List

Tasks selected for submission

Member ID ▲ ▼	Member Name ▲ ▼	Event Date ▲ ▼	Event Status ▲ ▼
0000000088	Member's Name will appear in each of these rows.	10/16/2014	Saved
0000000088		10/8/2014	Saved
0000000088		11/2/2014	Saved
0000000088		11/14/2014	Sa
0000000088		10/19/2014	Sa
0000000088		10/6/2014	Sa
0000000088		11/7/2014	Sa
0000000088		11/12/2014	Sa
0000000088		10/21/2014	Sa
0000000088		11/1/2014	Sa
0000000088		10/26/2014	Sa
0000000088		11/9/2014	Saved
0000000088		10/11/2014	Saved
0000000088		11/5/2014	Saved
0000000088		11/10/2014	Saved
0000000088		11/16/2014	Saved
0000000088		11/18/2014	Saved
0000000088		10/13/2014	Saved
0000000088		10/31/2014	Saved
0000000088		10/2/2014	Saved
0000000088		11/24/2014	Saved
0000000088		10/12/2014	Saved
0000000088		11/11/2014	Saved
0000000088		10/14/2014	Saved

✓ I Agree

Cancel

✓ I Agree

# Step 19: Click Close.

Provider ID:

Close

Name:

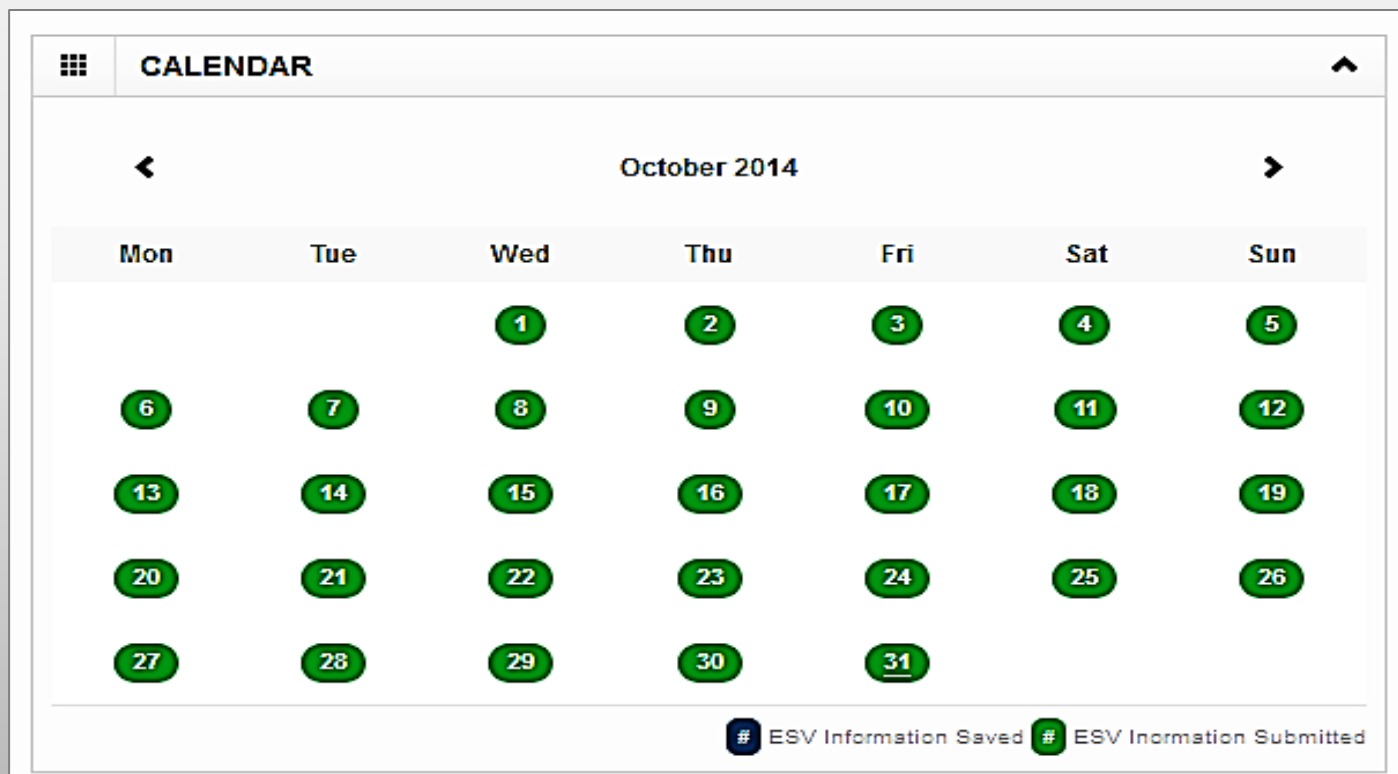
ESV Submitted List

Member ID	Event Date	Event ID	Event Status
0000000088	10/16/2014	1002	Submitted
0000000088	10/8/2014	1005	Submitted
0000000088	11/2/2014	10011	Submitted
0000000088	11/14/2014	10013	Submitted
0000000088	10/19/2014	10014	Submitted
0000000088	10/6/2014	10016	Submitted
0000000088	11/7/2014	10017	Submitted
0000000088	11/12/2014	10018	Submitted
0000000088	10/21/2014	10021	Submitted
0000000088	11/1/2014	10022	Submitted
0000000088	10/28/2014	10024	Submitted
0000000088	11/9/2014	10025	Submitted
0000000088	10/11/2014	10027	Submitted
0000000088	11/5/2014	10030	Submitted
0000000088	11/10/2014	10031	Submitted
0000000088	11/16/2014	10035	Submitted
0000000088	11/18/2014	10038	Submitted
0000000088	10/13/2014	10040	Submitted
0000000088	10/31/2014	10043	Submitted
0000000088	10/2/2014	10044	Submitted
0000000088	11/24/2014	10045	Submitted
0000000088	10/12/2014	10046	Submitted
0000000088	11/11/2014	10049	Submitted
0000000088	10/14/2014	10050	Submitted
0000000088	10/29/2014	10051	Submitted
0000000088	11/13/2014	10057	Submitted

Close

Member's Name will appear in each of these rows.

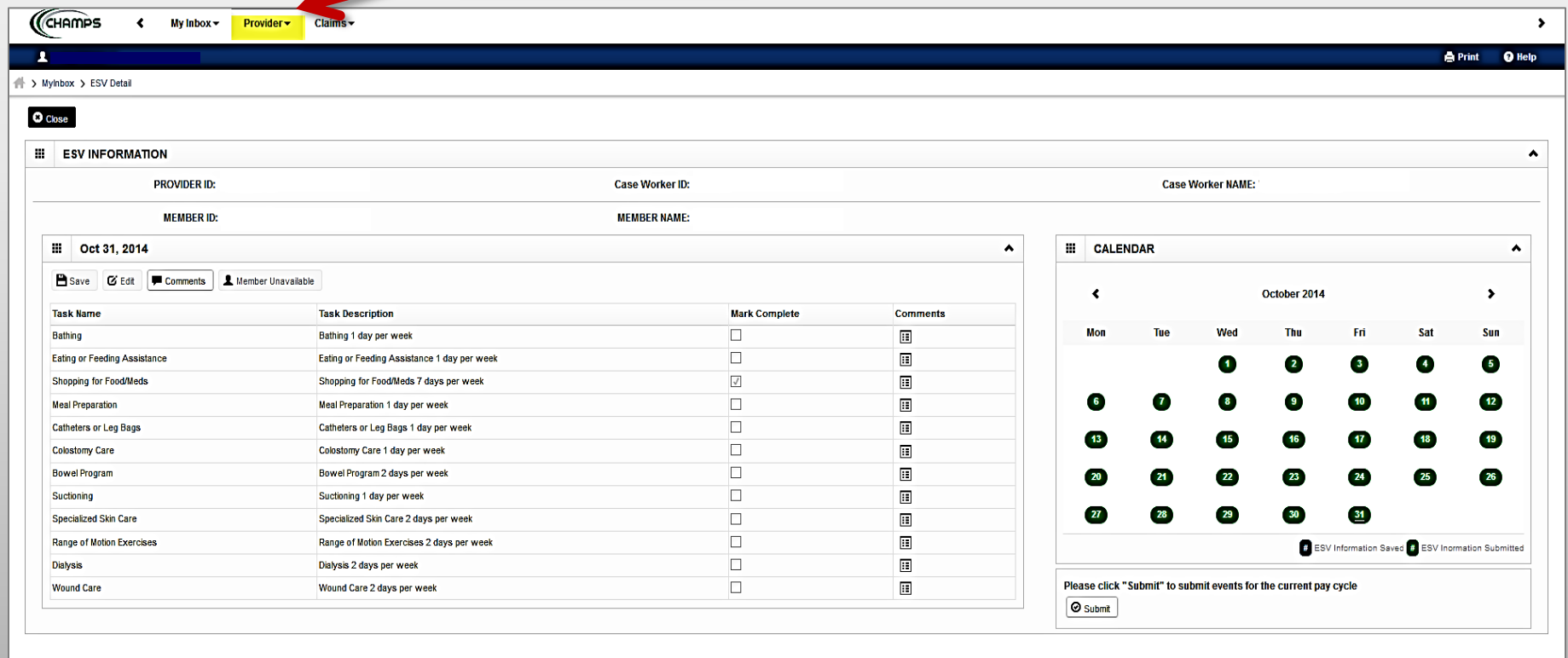
**Step 20:** The monthly calendar will now show **GREEN** circles indicating all the services for the month have been submitted.



**Step 21:** If you service more than one member, you will need to repeat **Steps 6-20** for each member.

To go back to the list to choose another client, click the **Provider** tab.

**Provider** ▼



**CHAMPS** < My Inbox ▾ **Provider ▾** Claims ▾

MyInbox > ESV Detail

**ESV INFORMATION**

PROVIDER ID: Case Worker ID: Case Worker NAME:

MEMBER ID: MEMBER NAME:

**Oct 31, 2014**

Save Edit Comments Member Unavailable

Task Name	Task Description	Mark Complete	Comments
Bathing	Bathing 1 day per week	<input type="checkbox"/>	<input type="text"/>
Eating or Feeding Assistance	Eating or Feeding Assistance 1 day per week	<input type="checkbox"/>	<input type="text"/>
Shopping for Food/Meds	Shopping for Food/Meds 7 days per week	<input checked="" type="checkbox"/>	<input type="text"/>
Meal Preparation	Meal Preparation 1 day per week	<input type="checkbox"/>	<input type="text"/>
Catheters or Leg Bags	Catheters or Leg Bags 1 day per week	<input type="checkbox"/>	<input type="text"/>
Colostomy Care	Colostomy Care 1 day per week	<input type="checkbox"/>	<input type="text"/>
Bowel Program	Bowel Program 2 days per week	<input type="checkbox"/>	<input type="text"/>
Suctioning	Suctioning 1 day per week	<input type="checkbox"/>	<input type="text"/>
Specialized Skin Care	Specialized Skin Care 2 days per week	<input type="checkbox"/>	<input type="text"/>
Range of Motion Exercises	Range of Motion Exercises 2 days per week	<input type="checkbox"/>	<input type="text"/>
Dialysis	Dialysis 2 days per week	<input type="checkbox"/>	<input type="text"/>
Wound Care	Wound Care 2 days per week	<input type="checkbox"/>	<input type="text"/>

**CALENDAR**

October 2014

Mon	Tue	Wed	Thu	Fri	Sat	Sun
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

ESV Information Saved ESV Information Submitted

Please click "Submit" to submit events for the current pay cycle

Submit

## Step 22: Choose **ESV Member List** from the dropdown and select another client.

The screenshot illustrates the process of navigating to the 'ESV Member List' in the CHAMPS web application. The top navigation bar includes 'My Inbox', 'Provider', and 'Claims'. A dropdown menu is open under 'Provider', showing options: 'MANAGE PROVIDER', 'Provider List', 'ELECTRONIC SERVICE VERIFICATION(ESV)', 'ESV List', 'ESV Member List' (highlighted with a red arrow), and 'PROVIDER ENROLLMENT'. A yellow box labeled 'ESV Member List' points to this option. Below the dropdown, the 'ESV INFORMATION' section shows 'PROVIDER ID: 18' and 'MEMBER ID: 00'. A 'CALENDAR' section displays 'October 2014'. A table of tasks is visible on the left, including 'Bathing', 'Eating or Feeding Assistance', 'Shopping for Food/Meds', 'Meal Preparation', 'Catheters or Leg Bags', 'Colostomy Care', 'Bowel Program', 'Suctioning', 'Specialized Skin Care', 'Range of Motion Exercises', 'Dialysis', and 'Wound Care'. The bottom section shows the 'ESV Member List' page with a search bar for 'Provider ID' and 'Name'. Below the search bar, there are filters for 'Filter By', 'And', 'Filter By', 'And Operational Status', and 'Filter By'. A table of members is displayed with columns: Member ID, Member Name, Start Date, End Date, and Operational Status. The table shows three members with IDs 0000000088, 0000000089, and 0000000120, all with a start date of 10/01/2004 and an end date of 12/31/2999, and all are 'Active'. The bottom of the page includes a 'View Page: 1' section with 'Go', 'Page Count', and 'SaveToXLS' buttons, and a 'Viewing Page: 1' section with 'First', 'Prev', 'Next', and 'Last' buttons.

**CHAMPS** < My Inbox > Provider > Claims >

MANAGE PROVIDER  
Provider List  
ELECTRONIC SERVICE VERIFICATION(ESV)  
ESV List  
**ESV Member List**  
PROVIDER ENROLLMENT  
List Applications

ESV INFORMATION  
PROVIDER ID: 18  
MEMBER ID: 00

CALENDAR  
October 2014

Task Name Task Description Mark Complete Comments  
Bathing Bathing 1 day per week  
Eating or Feeding Assistance Eating or Feeding Assistance  
Shopping for Food/Meds Shopping for Food/Meds  
Meal Preparation Meal Preparation  
Catheters or Leg Bags Catheters or Leg Bags  
Colostomy Care Colostomy Care  
Bowel Program Bowel Program  
Suctioning Suctioning  
Specialized Skin Care Specialized Skin Care  
Range of Motion Exercises Range of Motion Exercises  
Dialysis Dialysis 2 days per week  
Wound Care Wound Care

**CHAMPS** < My Inbox > Provider > Claims >

My Inbox > ESV Member List

Provider ID: Name:

Filter By And Filter By And Operational Status Filter By Go

Save Filters My Filters

Member ID	Member Name	Start Date	End Date	Operational Status
0000000088	Member Name	10/01/2004	12/31/2999	Active
0000000089	Member Name	10/01/2004	12/31/2999	Active
0000000120	Member Name	10/01/2004	12/31/2999	Active

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1 First Prev Next Last